

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Harris for Wisconsin

ADDRESS (number and street)

2425 Sandstone Court

Check if different  
than previously  
reported. (ACC)

Oshkosh

WI

54904

2. **FEC IDENTIFICATION NUMBER** ▼

C

C00562298

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

WI

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
08 / 12 / 2014in the  
State of

WI

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2014

through

M M / D D / Y Y Y Y  
07 / 23 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Harris

Signature of Treasurer

Susan Harris

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
11 / 16 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Harris for Wisconsin

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17220.00	54540.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17220.00	54140.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1900.99	11068.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1900.99	11068.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42427.74	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

Harris for Wisconsin

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

5000.00

18945.00

**(ii) Unitemized.....**

6220.00

16270.00

**(iii) TOTAL of contributions from individuals ▶**

11220.00

35215.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

5000.00

5825.00

**(d) The Candidate.....**

1000.00

13500.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

17220.00

54540.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

5000.00

5000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

5000.00

5000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

22220.00

59540.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1900.99	11068.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	3043.78	5643.78
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	400.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4944.77	17112.26

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25152.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22220.00
25. SUBTOTAL (add Line 23 and Line 24).....	47372.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4944.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42427.74

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB  
.

Form/Schedule: F3A  
Transaction ID :

Cycle to Date Net Operating Expenditures adjusted slightly to reflect correct number from previous report.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**John Birkholz**

Mailing Address **N55W6079 Portland Rd**

City **Cedarburg** State **WI** Zip Code **53012-2020**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2014

Transaction ID : **VNVWECATAQ3**

Amount of Each Receipt this Period

**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jacqueline R Burke**

Mailing Address **118 Winn Ter**

City **Beaver Dam** State **WI** Zip Code **53916-1762**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Beaver Dam Schools** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2014

Transaction ID : **VNVWECABJM8**

Amount of Each Receipt this Period

**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carl Eisenberg**

Mailing Address **11042 N Hedgewood Ln**

City **Mequon** State **WI** Zip Code **53092-4910**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired Pediatrician**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2014

Transaction ID : **VNVWECAXA29**

Amount of Each Receipt this Period

**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**850.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>George Grinde</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 6145 Silver Hills Dr		<b>Transaction ID : VNVWEC8JT31</b>	
City Manitowoc	State WI	Zip Code 54220-9328	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Audrey Harris</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address 9600 S Ocean Dr Apt 1403		<b>Transaction ID : VNVWECAHMR2</b>	
City Jensen Beach	State FL	Zip Code 34957-2341	Amount of Each Receipt this Period _____ 700.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>E Joan Hennessy</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2014	
Mailing Address 418 Pine St		<b>Transaction ID : VNVWECAKJY9</b>	
City Sheboygan Falls	State WI	Zip Code 53085-1572	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1450.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

Full Name (Last, First, Middle Initial)

**Carol Jones**

Mailing Address 2834 County Road Ff

City

Oshkosh

State

WI

Zip Code

54904-9237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

Transaction ID : VNVWECAHME3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**John Lepinski**

Mailing Address 222 E North St

City

Appleton

State

WI

Zip Code

54911-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : VNVWEC8JST0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Deborah Patel**

Mailing Address 9130 N Spruce Rd

City

River Hills

State

WI

Zip Code

53217-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not employed

Occupation

Not employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2014

Transaction ID : VNVWECB2HB7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

Full Name (Last, First, Middle Initial)

**Donna Phillips**

Mailing Address 1166 Farm Ridge Ln

City

Neenah

State

WI

Zip Code

54956-4463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2014

Transaction ID : VNVWECAZZC0

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**Marguerite J Soffa**

Mailing Address Marguerite Soffa

City

Fond Du Lac

State

WI

Zip Code

54935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2014

Transaction ID : VNVWEC8JSZ9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Bill Wendt**

Mailing Address 163 N Lincoln Ave

City

Fond Du Lac

State

WI

Zip Code

54935-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Corporation Counsel

Occupation

Fond du Lac County

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2014

Transaction ID : VNVWECB2HJ2

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Harris for Wisconsin

Full Name (Last, First, Middle Initial)

A. Bill Wingren

Mailing Address 1021 Evans St

City

Oshkosh

State

WI

Zip Code

54901-3966

FEC ID number of contributing federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2014

Transaction ID : VNVWECB5G84

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Jonas Zahn

Mailing Address 1214 N Center St

City

Beaver Dam

State

WI

Zip Code

53916-1148

FEC ID number of contributing federal political committee.

C

Name of Employer  
SelfOccupation  
Casketmaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		13		2014

Transaction ID : VNVWECAH4A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 19

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

Full Name (Last, First, Middle Initial)

**6th District Democratic Party of Wisconsin**

Mailing Address 416 W 5th Ave

City	State	Zip Code
Oshkosh	WI	54902-5906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2014

Transaction ID : VNVWECABJH4

Amount of Each Receipt this Period

4500.00

Full Name (Last, First, Middle Initial)

**6th District Democratic Party of Wisconsin**

Mailing Address 416 W 5th Ave

City	State	Zip Code
Oshkosh	WI	54902-5906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2014

Transaction ID : VNVWECB2K45

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 19

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Harris for Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mark Harris</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 2425 Sandstone Ct		<b>Transaction ID : VNVWECB2DW2</b>	
City Oshkosh	State WI	Zip Code 54904-7894	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C H4WI06071			
Name of Employer Winnebago County	Occupation County Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13500.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1000.00	
<b>TOTAL</b> This Period (last page this line number only).....		1000.00	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 19

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Harris for Wisconsin**

Full Name (Last, First, Middle Initial)

**Mark Harris**

Mailing Address 2425 Sandstone Ct

City

Oshkosh

State

WI

Zip Code

54904-7894

FEC ID number of contributing  
federal political committee.

**C** H4WI06071

Name of Employer  
 Winnebago County

Occupation  
 County Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**07** / **22** / **2014**

Transaction ID : VNVWECB5H53

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Harris for Wisconsin

Full Name (Last, First, Middle Initial)

**A. Act Blue**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Act Blue Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2014

Amount of Each Disbursement this Period

6.13
------

Transaction ID : VNTX69N7643

**B. Act Blue**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Act Blue Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

35.56
-------

Transaction ID : VNTX69N7651

**C. Act Blue**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Act Blue Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2014

Amount of Each Disbursement this Period

80.84
-------

Transaction ID : VNTX69N7669

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

122.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Harris for Wisconsin

Full Name (Last, First, Middle Initial)

**A. Act Blue**

Mailing Address 366 Summer St

City	State	Zip Code
Somerville	MA	02144-3132

Purpose of Disbursement  
Act Blue Fee

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

7.91
------

Transaction ID : VNTX69N7677

**B. Associated Bank**Mailing Address 200 N Adams St  
PO BOX 19097

City	State	Zip Code
Green Bay	WI	54301-5142

Purpose of Disbursement  
Bank FeeCategory/  
Type

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

3.00
------

Transaction ID : VNTX69N2AF0

**C. Associated Bank**Mailing Address 200 N Adams St  
PO BOX 19097

City	State	Zip Code
Green Bay	WI	54301-5142

Purpose of Disbursement  
Credit Card Charges

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

664.05
--------

Transaction ID : VNTX69QKET2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

674.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Harris for Wisconsin

Full Name (Last, First, Middle Initial)

**A. FedEx Office**

Mailing Address 530 S Koeller St

City	State	Zip Code
Oshkosh	WI	54902-5548

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

99.05
-------

Transaction ID : VNTX69Q07Q4

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Mailchimp Company**Mailing Address 512 Means St NW  
Ste 404

City	State	Zip Code
Atlanta	GA	30318-5788

Purpose of Disbursement  
Email service program

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : VNTX69Q07S0

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. NGP-VAN**Mailing Address 1101 15th St NW  
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement  
Compliance Software

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

550.00
--------

Transaction ID : VNTX69Q07T8

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Harris for Wisconsin**

Full Name (Last, First, Middle Initial)

**A. Image 360**

Mailing Address 347 N Sawyer St

City	State	Zip Code
Oshkosh	WI	54902-4252

Purpose of Disbursement  
Campaign Signs

006

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

73.50
-------

Transaction ID : VNTX69N8WY3

**B. Michele Kohlbeck**

Mailing Address 2417 Dewey St

City	State	Zip Code
Manitowoc	WI	54220-6367

Purpose of Disbursement  
AFSCME Pig Roast

007

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : VNTX69N7635

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

103.50

900.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 19

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Harris for Wisconsin

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC PARTY OF WISCONSIN**Mailing Address 15 N Pinckney St  
Ste 200

City Madison State WI Zip Code 53703-2833

Purpose of Disbursement  
Contribution to Democratic Party of WisconsinCandidate Name  
DEMOCRATIC PARTY OF WISCONSINOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

1521.94
---------

Transaction ID : VNTX69N2AM8

**B. DEMOCRATIC PARTY OF WISCONSIN**Mailing Address 15 N Pinckney St  
Ste 200

City Madison State WI Zip Code 53703-2833

Purpose of Disbursement  
Combined Campaign ExpensesCandidate Name  
DEMOCRATIC PARTY OF WISCONSINOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VNTX69N2AC7

**C. DEMOCRATIC PARTY OF WISCONSIN**Mailing Address 15 N Pinckney St  
Ste 200

City Madison State WI Zip Code 53703-2833

Purpose of Disbursement  
Contribution to Democratic Party of WisconsinCandidate Name  
DEMOCRATIC PARTY OF WISCONSINOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

1521.84
---------

Transaction ID : VNTX69N7839

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4043.78

4043.78

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 OF 19

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Harris for Wisconsin

Transaction ID : VNVWECB5H53L

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mark Harris

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2425 Sandstone Ct

City

State

ZIP Code

Oshkosh

WI

54904-7894

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
07 / 22 / 2014

Date Due

M M / D D / Y Y  
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.